

SLIP STAPLE AREA (for additional references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	185	69686	3/3/88
FORMALITY REVIEW	CW	6/980	4-2-88

### INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
= ..... Allowed I ..... Interference  
— (Through numeral) Canceled A ..... Appeal  
÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	5/15/87
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3	
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6	
7	✓
8	✓
9	0
10	✓
11	0
12	✓
13	
14	
15	
16	0
17	✓
18	✓
19	N
20	✓
21	✓
22	✓
23	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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